

to sick people may in some circumstances be right—not that it is right or wrong in principle, but that there may be a principle available by reference to which virtuous people could determine whether in certain circumstances our ends justified such a course of action; that, in other words, the denial of treatment to sick people is in principle open to question and not simply an act of injustice.¹⁶

Conclusion

I have argued that citizens' jury deliberations do not involve a rational enquiry into the justification and selection of values. Juries function as mechanisms for democratising the selection of values only in the very limited sense that they expose small groups to exercises in attitude change. I have given examples from several pilot exercises in support of this claim. I have not considered the question of representativeness, that is, of juries' relationship to the wider society, because this issue is secondary to my main concerns and it has been covered elsewhere.¹⁷

If I am right, participatory democracy as practised in citizens' juries is not the unalloyed democratic innovation it is often cracked up to be. It relies much more on democratic imagery, on the ghost of the Greek polis and the American town meeting, than is perhaps comfortable. This is why debates about values, in juries and elsewhere, cleave to the slippery language of community and identity when the modern state or state bureaucracy is ill-equipped to evoke either. The public is deeply committed to the ideal of the NHS and to individual NHS establishments, but "loyalty to the NHS in Birmingham" is flimflam.

There is a tradition in participatory democracy which has tended to elevate its educative function above its rational content. Democracy so understood is about inculcating a sense of membership in a greater community. Such a democracy has the capacity to remain paternalist even as it transforms and educates. Citizens' juries, or the examples of them so far reported, stand in this tradition. They do not afford democratic protection against zealous minorities and it is not clear that they are intended to. For democratic protection we should be turning to other well-tried devices. One which springs to

mind is the opportunity to vote out those who fail to persuade. When NHS policies are made at the local level, why should health authority boards be protected from this democratic sanction?

Acknowledgement

With thanks to Professor Colin Leys and two anonymous reviewers.

David Price is Research Fellow in the Social Welfare Research Unit, University of Northumbria at Newcastle, Newcastle upon Tyne.

References

- 1 NHSME. *NHS (England) summarised accounts 1996-97*. London: The Stationery Office, 1998, HC 923.
- 2 Hylland A. The purpose and significance of social choice theory. In: Elster J, Hylland A, eds. *Foundations of social choice theory*. Cambridge: Cambridge University Press, 1986: 57.
- 3 Coote A, Lenaghan J. *Citizens' juries: theory into practice*. London: Institute for Public Policy Research, 1997.
- 4 Coote A, Mattinson D. *Twelve good neighbours: the citizen as juror*. London: The Fabian Society, 1997.
- 5 Cooper L, Coote A, Davies A, Jackson C. *Voices off: tackling the democratic deficit in health*. London: Institute for Public Policy Research, 1995.
- 6 Lenaghan J, New B, Mitchell E. Setting priorities: is there a role for citizens' juries? *British Medical Journal* 1996;**312**:1591-3.
- 7 Baier, K. *The moral point of view*. Cambridge: Cambridge University Press, 1958.
- 8 Barber B. *Strong democracy*. Berkeley: University of California Press, 1984: 211.
- 9 Sunstein C. Constitutions and democracies: an epilogue. In: Elster J, Slagstad R, eds. *Constitutionalism and democracy*. Cambridge: Cambridge University Press: 336.
- 10 Harrison S, Mort M. Which champion, which people? Public and user involvement: health care as a technology of legitimisation. *Social Policy and Administration* 1998;**32**:60-70.
- 11 Milewa T, Valentine J, Calnan M. Managerialism and active citizenship in Britain's reformed health service: power and community in an era of decentralisation. *Social Science and Medicine* 1998;**47**:507-17.
- 12 Hunt P. Accountability in the National Health Service. *Parliamentary Affairs* 1995;**48**:297.
- 13 Kuper R. Deliberating waste: the Hertfordshire citizens' jury. *Local Environment* 1997;**2**:139-53.
- 14 Birmingham Health Authority. *Simply the best: the report of the independent advisory panel on Birmingham's health care future*. Birmingham: Birmingham Health Authority, 1998.
- 15 Williams B. *Moral luck*. Cambridge: Cambridge University Press, 1981: 81.
- 16 Anscombe GEM. *The collected philosophical papers of GEM Anscombe [vol 3]: ethics, religion and politics*. Oxford: Blackwell, 1981: 144.
- 17 Pickard S. Citizenship and consumerism in health care. *Social Policy and Administration* 1998;**32**:226-44.

News and notes

Fifth World Congress of Bioethics

The International Association of Bioethics has announced that the Fifth World Congress of Bioethics will take place at Imperial College, London from 21-24 September 2000.

Associated organisations are: The British Association for the Advancement of Science; the British Medical Association; the European Association of Centres of Medical Ethics; the Institute of Medical Ethics; the Millennial Festival of Medicine; the Nuffield Council on Bioethics; the Royal

College of Nursing; the Royal College of Psychiatrists; Philosophy Special Interest Group; the Society for Applied Philosophy; the UK Forum for Healthcare Ethics and Law, and the World Health Organisation.

For further information please contact: Sara Hassen, 5th World Congress of Bioethics, 1 Riverside, St Anne's Road, Bristol, BS4 4ED or email: enquiries@inanyevent-uk.com or use the Congress Website at <http://www.uclan.ac.uk/facs/ethics/fifthcon.htm>